

**UTAH DEPARTMENT OF HEALTH  
BUREAU OF HEALTH FACILITY LICENSING,  
CERTIFICATION AND RESIDENT ASSESSMENT**

**File No.**

**REQUEST FOR AGENCY ACTION/VARIANCE APPLICATION**

In accordance with Title 26, Chapter 21, Utah Code Annotated and Rule 432-2-18, Utah Department of Health Rules for health care facilities, a Request for Agency Action is made for a variance to licensure rule and/or standards.

**I. IDENTIFYING INFORMATION:**

- A. NAME OF FACILITY \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_
- B. RULE NUMBER (INCLUDE TITLE AND SECTION) FROM WHICH THE VARIANCE IS BEING REQUESTED:
- C. TIME PERIOD FOR WHICH THE VARIANCE IS REQUESTED:
- D. IS THE FACILITY CURRENTLY LICENSED? YES ☐ NO ☐  
If YES, EXPIRATION DATE:  
If NO, ANTICIPATED APPLICATION DATE:

**II. FACTS FORMING BASIS FOR VARIANCE:**

- A. THE SPECIFIC REASON FOR THE REQUEST INCLUDING WHY COMPLIANCE WITH THE RULE CANNOT BE ACCOMPLISHED:
- B. EXPLAIN HOW THE HEALTH AND SAFETY OF THE PATIENTS/RESIDENTS WILL BE MAINTAINED IF THE VARIANCE IS GRANTED:

- C. IF THE VARIANCE INVOLVES THE PHYSICAL STRUCTURE OR EQUIPMENT, DESCRIBE THE SPECIFIC LOCATION WITHIN THE FACILITY IN WHICH THE VARIANCE WILL BE UTILIZED:

**III. NOTIFICATION OF INTERESTED PARTIES:**

This request for variance has been mailed to the following parties:

Name	Address
_____	_____

**IV CERTIFICATION OF REQUEST:**

Name	_____	Title	_____
Signature	_____	Date	_____